

RECOMMENDATIONS FOR THE RESPONSE TO SAME-SEX INTIMATE
PARTNER VIOLENCE/DOMESTICE VIOLENCE

Recommendations for the Criminal Justice System

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Whitney Edwards
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Abstract

Recommendations for the response to same sex intimate partner violence/domestic violence

Whitney Edwards

Under the supervision of Susan Hilal

Purpose

There are many barriers faced by those in same-sex relationships who experience intimate partner violence/domestic violence. These barriers include lack of resources, and support to overcome intimate partner violence/domestic violence. There are resources available, but the resources are either in certain communities, or are specific to women that are victims at the hands of a male assailant. Victims of same-sex intimate partner violence are also reluctant to seek help; therefore they continue to suffer further abuse. There is a need for the development of same-sex-specific community based programs and campaigns to prevent and increase the awareness of same-sex intimate partner violence in the United States.

Methods

Through a thorough literature review utilizing, textbooks, journals, and websites, this paper examines same-sex relationships and the related issues dealing with intimate partner violence/domestic violence in order to provide recommendations for the proper response to same-sex intimate partner violence/domestic violence. The cycle of violence theory and the power and control wheel are used to help ground the recommendations.

Summary of Findings

The findings in this paper outline information for professionals in order to provide sufficient services to victims of same-sex intimate partner violence/domestic violence, which include adopting LGBT-inclusive standards of service and enacting LGBT-inclusive

discrimination legislation. With the proper services provided, those who suffer from intimate partner violence/domestic violence will have the proper resources necessary to report, and the resources necessary to overcome this issue.

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Section 1: Introduction

Most of the explorations into the nature of same-sex intimate partner violence highlight similarities with opposite-sex intimate partner violence. For instance, the empirical studies of intimate partner violence prevalence have agreed that, regardless of sexual orientation, verbal and controlling intimate partner violence occurs at greater rates than physical intimate partner violence that in turn occurs at greater rates than sexual intimate partner violence (Bryant & Demian, 1994; Freedner, Freed, Yang, & Austin, 2002; Halpern, Oslak, Young, Martin, & Kupper, 2001; Halpern, Young, Waller, Martin, & Kupper, 2004; Lie & Gentlewarrier, 1991; Lockhart, White, Causby, & Isaac, 1994; Renzetti, 1988, 1989; Turrell, 2000). Furthermore, the highly violent and controlling unidirectional intimate partner violence, often termed “intimate terrorism” (Johnson, 2006), has been documented in same-sex and opposite-sex relationships (Island & Letellier, 1991; Johnson, 2005; Johnson, 2006; Lystad, Rice, & Kaplan, 1996; Merrill, 1998; Potoczniak et al., 2003; Renzetti, 1988, 1992; Walker, 1979; Woodworth, Byrd, Shelton, & Parcel, 2001).

Less controlling, less violent, and more bidirectional intimate partner violence, which is known as “situational couple violence” (Johnson, 2006), is well explored in opposite-sex relationships but has yet to spark interest in the same-sex intimate partner violence literature. The early organizers of the feminist domestic violence movement had to present an acceptable representation of the female survivor in order to cultivate social awareness that women were truly being battered in their own homes (Duke & Davidson, 2009). To illustrate this, in recalling attitudes prevalent in the 1970s, Girshick (2002, p. 11) stated that the “acceptable domestic violence survivor” was heterosexual, white, and middle class, which rendered the experiences of battered lesbians or bisexual women invisible.

Statement of the Problem

Even though there is not a lot of attention in the research literature on same-sex relationships, intimate partner violence occurs in lesbian and gay relationships. Same-sex couples are faced with additional hurdles when they attempt to prevent further abuse by their partners (Wallace & Robinson, 2011). According to the National Coalition of Anti-Violence Programs (2012) in 2008, lesbian, gay, bisexual, transgender, or queer people (LGBTQ) reported 3,419 incidents of domestic violence to local anti-violence programs; nine of these incidents resulted in murder. The rates of same-sex intimate partner violence are comparable to the rates of heterosexual domestic violence, with approximately one quarter to one half of all intimate relationships demonstrating abusive dynamics (Alexander, 2002; Burke, Jordan, & Owen, 2002; McClennen, 2005; Pitt, 2000). According to Wallace and Roberson (2011), there have been law enforcement officers and members of the judiciary system that have historically been reluctant to acknowledge gay and lesbian abuse. Ultimately, this leaves victims in same-sex relationships with no assistance from the legal system; and as a result, abused gays and lesbians are generally reluctant to report incidents of domestic violence to the police (Wallace & Roberson, 2011).

There are barriers to accessing services and preventative steps for victims of same-sex intimate partner violence. Battered heterosexual women and men often receive support from family and friends, religious communities, and organizations; however many LGBT persons been rejected by, or ostracized from these supports and receive the majority of, or all of their support from their abusive partner (Holt, 2011). According to Holt (2011), this reality exacerbates the dynamic of traumatic bonding between abuser and victims to break through the cycle of violence and seek assistance. There is a lack of training about LGBT intimate partner abuse/domestic violence that is provided to law enforcement and court personnel, as well as anti-

LGBTQ bias that they have themselves; with that being said domestic violence statutes are frequently not applied, or inappropriately applied to LGBT domestic violence cases (Holt ,2011). Overall members of the LGBT community are often not as apt as other populations to access criminal justice remedies for intimate partner violence because they fear that they will be treated with bias, judged, or not taken seriously (Holt ,2011).

Purpose of the Study

There is a very limited body of research that exists on same-sex intimate partner violence. Another problem facing lesbian and gays victims is the shortage of support services and/or organizations that offer support for same-sex victims of family violence. Same-sex partnerships are not recognized legally in certain states, thus couples have limited or no access to traditional intimate partner violence safe guards in many states (e.g. Civil protection orders or criminal punishments; Aulivola, 2004; 1998; Burke et al., 2002; Potoczniak et.al, 2003). There are only specialized counseling services for gay and lesbian victims of family violence in only a few cities, which include: New York, San Franois, Seattle, and Minneapolis (Winfield, 1990).

No city has established an emergency shelter specifically for gay men or lesbian victims of family violence (Mann, 1995); lesbian women can go to battered women shelters but there are none available to gay men (Wallace & Robinson, 2011). Victims of same-sex intimate partner violence are hesitant to seek help (Alexander, 2002), which results in chronic underreporting of abuse (Potoczniak et al., 2003). According to Younglove, Kerr, & Vitello, (2002), “it has been highly assumed by the gay and lesbian community that same-sex couples do not receive equal treatment under domestic violence laws, because police officers supposedly mirror the homophobia and ignorance about gay and lesbian that typifies much of society” (p. 3). Police officers respond differently to same-sex domestic violence incidents because most officers

decline to ascribe the validity to same-sex couple relationship (Younglove, Kerr, & Vitello, 2002).

Significance and Implication of the Study

Many professions in the criminal justice system are aware of the dynamics involved in male battering of women, but these same types of dynamics are operating in same-sex battering as well. There is a need for the development of same-sex-specific community based programs and campaigns to prevent and increase the awareness of same-sex intimate partner violence in the United States. There is a clear difference in the legal protections and community services available to victims of same-sex intimate partner violence, versus heterosexual sex intimate partner violence.

Methods of Approach

The information in this study will consist of secondary resources. The resources consist of books, textbooks, journals, and statistics from the library and websites that are related to same-sex intimate partner violence. The results will be applied to create an outline for effective support, using the cycle of violence theory, as well as the power and control wheel to help ground the recommendations.

Contributions to the field

This study will help policy makers, criminal justice professionals, and other professionals see the prevalence and the lack of support for victims of same-sex intimate partner abuse. This study can be used as guide to increase the awareness of same-sex intimate partner abuse, and help the criminal justice system prepare a better response to this issue.

Anticipated Outcomes

It is anticipated that same-sex and heterosexual intimate partner violence will have common trends and similarities between them. It is anticipated that the outcomes will provide ways to produce better efforts toward laws, programing, and the police response to same-sex intimate partner violence. Outcomes also suggest that there is a need for programs that are same-sex-specific, and are comprehensive in order to provide sufficient services to those who are victims of same-sex intimate partner violence.

Definitions

According to the National Resource Center on Domestic Violence (NRCDV) (2007), violence in the LGBTQ relationships may be referred to as partner violence, relationship violence, or same-sex/same-gender domestic violence. The term "domestic violence," has been most strongly associated with heterosexual relationships and assumes certain gendered roles (male batterers, female victims); therefore it can work against acknowledging the violence that occurs in same-sex/same-gender relationships (Ristock, & Timbang 2005). Domestic violence is a term that some members of LGBTQ communities cannot relate to because of these assumptions (Chung & Lee, 1999). However, some researchers and LGBTQ group continue to use the term "domestic violence" in order to draw parallels and make comparisons with heterosexual domestic violence.

Like heterosexual domestic violence, the violence in LGBTQ relationships involves the conscious manipulation and control of one person by another through the use of threats, coercion, humiliation and/or force (Hart, 1986; Island & Lettelier, 1991). There are some individuals within same-sex relationships that will define themselves as lesbians or gay men, while others may identify as bisexual or queer (Ristock, & Timbang 2005). According to National Resource Center on Domestic Violence, (2007) "the term 'queer' has been reclaimed in

a positive way to reflect the diversity of sexual and gender identities which can include transgender people, intersex people, queers, and people who consider themselves heterosexual and engage in same-sex sex even though they do not identify as bisexual or gay” (National Resource Center on Domestic Violence, 2007, p. 5).

According to Fountain and Skolnik (2007) the definitions for violent acts that occur across identity categories such as race, class, culture, and sexuality are difficult in that they risk both being too broad to have value and too narrow to encompass the enormity to differences in experiences. LGBTQ partner violence can take many of the same forms as heterosexual domestic violence; for example, physical abuse can include actions such as hitting, punching, slapping, biting, restraining, and pushing (Ristock & Timbang, 2005). There are other types of abuse that take place in same-sex relationships such as sexual, emotional, verbal, and financial. In terms of sexual abuse it may involve forcing someone to have sex against their will, raping someone with an object or weapon, and/or making demeaning sexual comments. The emotional abuse can include manipulation, isolation, humiliation, lying, threats to kill, threats to commit suicide, racial attacks, and intimidation. Verbal abuse may involve insults, name calling, and yelling. Lastly, financial abuse may also be part of the dynamic when one person creates debts, steals money or uses money to control another person. Violence can be lethal as well in same-sex relationships (Ristock & Timbang, 2005).

Types of abuse

Many researchers have failed to distinguish among physical, sexual, and psychological forms of abuse. As defined by Burke and Follingstad (1999), physical abuse is the use of physical force to control an intimate partner by pushing, shoving, slapping, biting, punching, choking, throwing objects at the partner, or assaulting them with a weapon. Sexual abuse is the

use of words, actions, or threats to force another to engage in sexual activities against their will. Psychological abuse is the use of words or actions to isolate, humiliate, demean, intimidate, or control an intimate partner. This category in particular often includes property violence such as punching holes in walls, breaking down doors, throwing things, and damaging a partner's possessions. These behaviors are intimidating but do not involve the direct use of physical force against the partner.

Ways that abuse occurs

Although there are many tactics used in abusive relationships that are the same as those used in abusive heterosexual relationships, there are some specific abusive behaviors that reflect the larger context of homophobia, biphobia, transphobia, and heterosexism surrounding LGBTQ relationships (Ristock & Timbang, 2005). These behaviors can include but not limited to, threats to reveal the sexual or gender identity of a partner to one's boss, landlord, or family member; threats to jeopardize custody of children because of a person's sexual or gender identity; threats to jeopardize immigration because of sexual orientation, and/or threats to reveal the HIV/AIDS status of a partner (Ristock & Timbang, 2005). At times there is a pattern to the violence with violent episodes occurring in cycles and it may increase in intensity and frequency over time. In other cases there does not seem to be any pattern to the abusive behaviors and the violence is more sporadic (Ristock, 2002). The power dynamics may seem confusing because same-gendered partners might be relatively the same size and strength; but many victims report using physical violence in self-defense or even retaliation (Marruio & Kreger, 1996; Ristock, 2002).

According to Ristock and Timbang, (2005) these actions can go against mainstream constructions of victims as passive; however, this is not to suggest that violence in same-gender relationships is mutual. This does point to the complexities of dynamics in some abusive

relationships. Furthermore, the mainstream constructions of victim and abuser often assume the more "masculine" or "butch" partner will be the abuser and the "femme" as the victim. It's these misconceptions that reveal the ways that heterosexist thinking is often wrongly applied to LGBTQ relationships. Physical appearance cannot be used to determine who is acting abusively nor can gender binaries (male role/female role) be assumed to operate within LGBTQ relationships (Ristock & Timbang, 2005).

According to Cruz (2003) and Renzetti, (2001), these examples of abusive tactics are specific to LGBTQ relationship violence. Furthermore, a person who is acting abusively and who wishes to control the thoughts and actions of their intimate partner may try using these types of threats precisely because they are particularly effective in a society that does not fully support the rights of LGBTQ people (Ristock & Timbang, 2005). Both the survivors and perpetrators of LGBTQ violence can be isolated from the wider, yet marginalized LGBTQ communities. There are many LGBTQ survivors feel a great deal of shame and self-blame for being in an abusive relationship. People who are known to have been in abusive relationships may also be ostracized by members of LGBTQ communities, and this can lead to a loss of support that may negatively affect long-term recovery (Ristock & Timbang, 2005).

Section 2: Literature Review

The following information is a literature review of same-sex relationships which is specific to the LGBTQ population. The information provided addresses problem areas within same-sex partner abuse. The first section is an overview of same-sex relationships. The second section review statistics. The third section reviews the extent of the problem of intimate partner abuse or domestic violence with same-sex couples. The fourth section reviews review barriers to seeking help for victims of same-sex intimate partner. The fifth section review legal aspects of gay and lesbian abuse. The final section reviews comparison of police response to heterosexual versus same-sex intimate partner violence.

Overview of Intimate Partner Abuse

Intimate partner violence (IPV) is a major public health concern and it produces significant costs for victims, perpetrators, family members, law enforcement agencies, health care organizations, and the general population (Coker, 2004; Lee, Sanders Thompson, & Mechanic, 2002; Osofsky, 2003; Plichta, 2004). Gay and lesbian are faced with the same kind of violence that occurs in a heterosexual relationship. Intimate partner abuse occurs at similar and perhaps even higher frequencies in the gay, lesbian, bi-sexual, and transgender (GLBT) community (Balsam 2001; Burke & Follingstad 1999; Hamberger 1996; McLaughlin & Rozee 2001; Miller et. al. 2000; Poorman 2001; Renzetti 1996; Ristock 2001; Seelau, 2003; Walsh 1996).

Peterman and Dixon (2003) reported in 2002 that intimate partner abuse is the third largest problem facing gay men. The majority of the literature focuses on only lesbian couples, which means that there is even less literature regarding intimate partner violence among homosexual males (Seelau et al. 2003). The costs that are associated with intimate partner

violence, researchers and advocates have begun to focus attention on prevention (Coker, 2004; Fullwood, 2002; Mitchell-Clark & Autry, 2004). Several preventive initiatives have been implemented in communities across the United States (Fullwood, 2002; Mitchell-Clark & Autry, 2004). However, research that is in this area is limited (Guterman, 2004; Hickman, Jaycox, & Aronoff, 2004; Wolfe & Jaffe, 1999).

Extent of the Problem

According to Wallace and Roberson (2011), the true extent of lesbian and gay violence has never been accurately determined. According to Wallace and Roberson (2011), the lesbian and gay communities themselves have contributed in some instances to the lack of hard scientific evidence concerning this form of family violence. There are some segments of the lesbian communities that may be reluctant, for ideological reasons, to admit that one woman can batter another. Nevertheless, there is more discussion within the lesbian community regarding battering than in the gay community (Wallace & Roberson, 2011). According to Wallace and Roberson (2011), the gays may be more unwilling to discuss gay abuse because the gay community would rather not recognize it. There was a great deal of conflict among authorities as to whether gay men or lesbian are the more violent of the two.

Statistics

The prevalence of this form of abuse has been difficult to determine. The issues surrounding LGBTQ partner violence has been difficult to research because of the larger homophobic, biphobic, transphobic, and heterosexist context (Ristock & Timbang, 2005). Most of the LGBTQ violence is not reported to the police or to mainstream crisis organizations. Lesbians, gay men, bisexual, transgender and queer people may be reluctant to report abuse because they do not want to be seen as betraying the LGBTQ community and/or they may be

concerned with homophobic and/or transphobic responses (Ristock & Timbang, 2005). According to Ristock and Timbang (2005), the statistics from official sources are likely to indicate very minimal levels of violence, but many large-scale studies on domestic violence have not included gays and lesbians or even considered the experiences of transgender, intersex, bisexual and/or queer people (ACON, 2004; Tully, 2000; Cruz, 2003; Renzetti 2001).

Fountain & Skolnik (2007) says that there were 3,534 reported incidents of domestic violence affecting LGBT individuals in 2006, a slight decrease (-15%) over incidents reported by NCAVP members in 2005. Los Angeles had reported 2,243 incidents, the lead group in number reports, followed by San Francisco with 420 incidents. San Francisco was one of the few organizations logging an increase (+ 13%) over 2005; New York reported 401 incidents, a 16% decrease, mirroring the national trend. Colorado reports remained consistent with the previous years, tracking 145 incidents of domestic violence in 2006 while Tucson noted a 22% decrease over 2005 with 127 reports (National Coalition of Anti-Violence Programs, 2007). Chicago tracked 83 incidents and Boston noted no significant change in numbers with 52 reports in 2006. Huston reported a 31% increase with 29 domestic violence cases, while Columbus had 43 report in 2006, Kansas City had 34 reports in 2006 and both reported decreases of -27% and -46% (Fountain & Skolnik, 2007). Minnesota and Philadelphia reported the lowest figures for 2006 with 23 and 12 domestic violence cases, which was a decrease of 48% and 38%. Although these findings reveal something of the magnitude and perhaps even the relative distribution of domestic violence affecting LGBT individuals in the United States, it is currently not possible to generalize them any further (Fountain & Skolnik, 2007).

The changes in the numbers of domestic violence incidents reported to the NCAVP are almost entirely the function of evolving program and organizational capacities, as well as

outreach campaigns and program activity focus. According to Fountain & Skolnik (2007) the 15.3% decrease in the total number of cases reported over those reported in 2005 is not likely an indication of a diminishing problem, rather shifts in staffing and a year interruption in the production of this report, as well as other program variables are much more likely causes of the decrease. This report makes it clear, domestic violence affecting LGBT individuals continues to be grossly underreported throughout most of the country, even where there are some LGBT-specific resources.

Barriers to seeking help

Amongst the myths regarding same-sex relationships these assumptions impede the ability for LGBTQ individuals to access the necessary services. These concerns can include outing, homophobia, internalized oppression, community ties, as well as re-victimization (Duke & Davidson, 2009). All of these considerations may serve as a barrier for help-seeking for LGBTQ survivors of same-sex intimate partner violence. Therefore it is essential for advocates to be conscious of these features.

Outing

An important issue that is unique to same-sex intimate partner violence is the abuser's potential use of "outing" as a tool or weapon (Erbaugh, 2007; National Coalition of Anti-Violence Programs, 2005; West, 2002). "Outing" is when the abuser may threaten to tell family, friends, workplace colleagues, and the wider cultural community that a closeted survivor is gay (Duke & Davidson, 2009). According to Taylor and Chandler (1995) they noted that the consequences of a lesbian woman being outed by her partner can include harassment from employers, severe negativity from her family, and questions about her ability to work with or care for children. The fear of outing can affect both the abuser and survivor, as the abuser may be

closeted and subsequently isolate his or her partner from the LGBTQ community (Duke & Davidson, 2009).

Taylor and Chandler, (1995) also say that the survivor may be closeted and have no one to validate the abusiveness of her partner's behaviors; which is still true today. Elliot (1996) noted that the fear of this type of blackmail potential may isolate LGBTQ survivors to an even greater degree than survivors in heterosexual relationships, who may seek services and support more freely. Waldron (1996) and Kanuha (2005) have both noted the amplified existence of negative and hostile attitudes towards LGBTQ individuals in communities of color. Waldron (1996) also asserted that the abuser may utilize racism, cultural norms and expectations, and the threat of outing to continue to oppress and discourage the survivor from seeking services. For lesbians of color, finding services is very complicated by the potential for racism, sexism, and homophobia as potential barriers to receiving needed help (Kanuha, 2005; Waldron, 1996).

Duke and Davidson (2009), also say that bisexuals find themselves in a particular dilemma when the threat of outing is present. With that being said their abusers may threaten to out them as a lesbian or gay to their families, even though that may not be how they readily identify (Duke & Davidson, 2009). In addition, the abusers may threaten to out survivors as bisexual to the gay or lesbian community, and further increase the isolation experienced by bisexuals within the LGBTQ community and heterosexual society. Similar to lesbians and gay men, Sulis (1999) had concluded that bisexuals with children from previous relationships may face losing their children through a homophobic legal system should they be in an active same-sex relationships.

Homophobia

According to Erbaugh (2007), scholars have noted that homophobia is at the heart of same-sex partner abuse. Therefore, the presence of homophobic attitudes permits social tolerance and apathy toward survivors of same-sex intimate partner violence, while also giving abusers an additional tool to use to their advantage (Duke & Davidson, 2009). A consequence of living in a homophobic culture, is the pressure to maintain a positive image of same-sex relationships for the prospect of future acceptance into society abounds (West, 2002). According to Duke and Davidson (2009), the LGBTQ community has experienced a massive amount of pressure to dispel stereotypes and myths regarding their sexuality. As a result, a self-fulfilling prophecy has been promulgated whereby LGBTQ individuals are expected to thrive, however, are viewed as culpable if any problems occur (Duke & Davidson, 2009). When negative situations do arise, such as violence in intimate partnerships, the prevailing notion that the gay community is dysfunctional is then confirmed; this idea will prevail, even in the face of common and more accepted heterosexual violence and sexual assault (Duke & Davidson, 2009). Lev and Lev (1999) refers to this as a double-bind because the abuse is a betrayal of the LGBTQ community as well as the relationship, and LGBTQ couples are then bound in both shame and violence. As a result both the perpetrator and survivor feel the need to protect the relationship, and they will do so by denying the violence (Duke & Davidson, 2009).

Internalized Oppression

Allen and Leventhal (1999) have stated that LGBTQ batterers they have at their disposal the weapons of their own and their partner's internalized oppression to help erase their partner's sense of pride in being queer. Internalized oppression, precisely the internalization of homophobia (more recently termed internalized heterosexism), may be indicative of the degree of distress an individual experiences as a result of societal oppression (Girshick, 2002;

Szymanski, Kashubeck-West, & Meyer, 2008). For example, the internalized heterosexism may contribute to an individual's experience of depression, lower self-esteem, and other severe mental health concerns (Szymanski et al., 2008). In a recent article by Szymanski et al. (2008), they say that several factors were noted as contributing to levels of internalized heterosexism, including (a) the significance of the individuals promulgating heterosexism in their lives (e.g., family, friends, clergy) and (b) having limited access to resources and information to counter negative messages about the LGBTQ population. Therefore a perpetrator may use a survivor's own internalized homophobia and negative sense of self as a means to exercise control over them (Erbaugh, 2007).

Community Ties

According to Girshick (2002), for same-sex partners, being in an intimate relationship may be the most secure way of connecting to the LGBTQ community. Due to the small size of any LGBTQ community in comparison to the larger heterosexual society, the "break-up of a couple becomes a threat to other couples, given the insular nature of the community that protects itself from external homophobia or biphobia, and the relatively small number of partners from which to choose" (Girshick, 2002, p. 58). LGBTQ individuals are often aware of almost everyone in their particular community, and couples tending to share the same friends; because of the shared friendships of same-sex couples, relationship breakups threaten the circle of friends, and people may feel forced to choose sides (Duke & Davidson, 2009).

Jennings and Gunther (1999) noted that because most people know one another in any given gay community, it is more difficult for survivors to convince their friends that a member of their own community has the ability to be abusive. For example, the batterers may trivialize and deny violent behavior, therefore making their story easier to believe. Therefore, believing the

victim would mean having to admit that a known and trusted member of the LGBTQ community has behaved in an abusive manner toward her or his partner (Duke & Davison, 2009); this can be a very difficult task. In addition survivor, survivors may have been isolated by homophobia and also abandoned by their closest friends (Duke & Davidson, 2009).

Revictimization

LAMBDA (2004) reported that overall, LGB victims are reluctant to seek the services that are typically utilized by heterosexual women, including law enforcement, battered women's programs, health care professionals, clergy, and family. This research is fully supported by the work of Simpson and Helfrich (2005), who studied provider perspectives on barriers to services for lesbian survivors of same-sex intimate partner violence. Yet, service providers may not be adequately LGBTQ sensitive to recognize if a client is in an intimate relationship with a same-sex partner, much less an abusive one (Duke & Davidson, 2009). Homophobia is prominent in standards of domestic violence programs (Hassouneh & Glass, 2008; Simpson & Helfrich, 2005). Sulis (1999) has added that bisexuals experience the same revictimization as lesbians and gay men by health care providers and the law. There are some basic obstacles, including "invisibility, homophobia, and lack of understanding of the unique safety concerns in a close-knit community" (Sulis, 1999, p. 177). The invisibility of LGB individuals stems from homophobia in that there is an erroneous assumption that everyone is heterosexual.

Allen and Leventhal (1999) have argued that the involvement of homophobia pertaining to legal issues and rights encourages self-loathing, separates the LGB community from the heterosexual one, creates inaccurate perceptions of safety within the LGB community, and fosters fear of external consequences. The perceptions that law enforcement is not an adequate source of help due to institutionalized homophobia, many LGB individuals do not make police

contact in times of need (Renzetti, 1992; Simpson & Helfrich, 2005). With such a small number of LGB individuals that felt confident to contact law enforcement, a perception was created whereby service providers, law enforcement, and legal services do not see a need for LGB-specific programs or procedures (Duke & Davidson, 2009).

A legal analysis that was conducted by LAMBDA (2004) noted that even if the victims of same-sex intimate partner violence sought assistance, some states do not provide protection under domestic violence statutes. The National Gay and Lesbian Task Force (NGLTF) (2009) and AARDVARC (2008) have reported that all 50 states allowed victims of domestic violence to petition for a protective order, but 5, which include Louisiana, Montana, New York, South Carolina, and Virginia, explicitly exclude victims of same-sex intimate partner violence securing protective orders or from filing domestic violence charges against partners. Conversely, the NGLTF reports that there are 30 states and the District of Columbia that have domestic violence laws that are gender neutral and include both household members and dating partners; however, there are 14 states that have domestic violence laws that are gender neutral but apply only to household members. Therefore same-sex intimate partners who are not living together are afforded no legal protection, and it is important to note that although statutes utilizing gender-neutral language may be positive for LGB individuals, these statutes are still subject to judicial interpretation (Duke & Davidson, 2009).

According to Duke and Davidson (2009), due to the severe restrictions of the legal rights of LGB individuals as a group, the survivors of same-sex intimate partner violence have an increasingly difficult task of securing legal means of self-protection. Thus, given the prevailing myths and specific barriers to help-seeking for survivors of same-sex intimate partner violence, it is crucial for agencies and service providers to establish themselves as inclusive organizations

(Duke & Davidson, 2009). This inclusivity would entail knowledgeable advocacy that will serve to assist all survivors of violence without operating under the assumptions of multiple harmful myths regarding same-sex IPV and sexual assault.

Legal Aspects of Gay and Lesbian Abuse

Gay and lesbian victims are faced with additional hurdles when they attempt to prevent further abuse by their partners. The obstacles that they are faced with can include outdated, and in many cases homophobic, attitudes by law enforcement, attorneys, and even members of the judiciary system. Something as simple as reporting the incident may cause the victims to suffer more humiliation and pain from a system that is ill equipped to deal with this form of family violence. According to Wallace and Roberson (2011), there are law enforcement officers and members of the judicial systems have historically been reluctant to acknowledge gay and lesbian abuse. When this occurs, this leaves the victims without assistance from the legal system. Consequently, abused gays and lesbian are generally less likely to report incidents of domestic violence to the police (Wallace & Roberson 2011).

There have been reported cases in which members of the judiciary system have made comments reflecting their negative feelings towards gay and lesbian couples (Wallace & Roberson, 2011). In the *Constant A. v. Paul C.A.* (1985), the court had reported custody of the children to the father stating, "Once the father established the mother's lesbian relationship and his own legitimate and stable heterosexual relationship, a presumption arose favoring the preferred ability of the traditional relationship" (Wallace & Robinson, 2011, p. 51) According to Wallace and Roberson (2011), there are many professionals in the criminal justice system that are aware of the dynamics involved in male battering of women, they may, but they may be unwilling to accept the fact that these same kinds of dynamics are operating in same-sex battery.

With this lack of knowledge of the police and the judiciary system works the advantage of the abuser this way. In this case it is not uncommon for the abuser to claim that he or she is not in fact the victim.

Many gay and lesbian couples are the same size physically, therefore the stereotypical view that the larger person is always the aggressor in a relationship prevent professionals from seeing the facts as legitimate. Even if professions, or professionals within the criminal justice system are willing to act on allegations of same-sex battering, the laws in sixteen states do not cover same-sex, nonrelated cohabitants (Wallace & Robinson, 2011). In general there is a more complex and systematic expansion of perceptions of domestic abuse as well as a fuller understanding of same-sex domestic abuse that would be achieved by the victim, and the observer (Poorman, Seelau, & Seelau, 2003). According to Poorman, Seelau, and Seelau (2003), studies that investigates the factors that influence perceptions of domestic abuse in heterosexual relationships have demonstrated that men perpetrating abuse against women are perceived to be more responsible for the abuse and judged to be more deserving of conviction and more severe sentences than women perpetrating abuse against men.

Comparison of Police Response to Heterosexual versus same-sex Intimate Partner Violence

What is currently known about the occurrence of domestic violence in same-sex relationships was historically based on small, nonrandom samples of gay and lesbian respondents (Lilith, 2001; Renzetti, 1992) or was inferred from studies of heterosexual victims of abuse (Hamberger, 1996; Lilith, 2001). There is a considerable amount of research and focus on the police response to intimate partner violence in heterosexual relationships, however there is a lack of research in same-sex relationships. According to Pattavina, Hirschel, Buzawa, Faggaiani, and Bentley (2007) the Violence Against Women Act (VAWA), passed in 1994 and its

reauthorization approved in 2000, has required examining rates of violence in marginalized groups, including gay and lesbian partner, racial and cultural minority groups.

According to Pattavina et al. (2007) the lack of specific knowledge is particular significance to efforts at improving police training as research to date suggests that the needs of same-sex intimate partner victims may vary and be even greater than those of heterosexual victims. There are many similarities between same-sex and opposite sex victims of domestic violence, its eventual escalation over time (Island & Letellier 1991; Renzetti, 1992) and the behavioral characteristics of batterers (Coleman, 1994) - there are many factors that distinguish incidents of same-sex domestic violence. The NVAWS reported that there are similar rates of lifetime violence between same-sex and heterosexual couples, with the exception of lesbian physical violence (Tjaden & Thoennes, 2000). According to Pattavina et al. (2007) they say that women in these relationships not only experienced greater physical violence from female partners than did comparable women in relationships not only experienced greater physical from female partners than did comparable women in heterosexual relationships, but they were also more likely to have experienced violence in heterosexual relationships, but they were also more likely to have experienced violence in heterosexual relationships as well.

On the other hand, their sample only included 79 same-sex female partners and 65 same-sex male partners in their sample of 8,000 males and 8,000 females (Pattavina, Hirschel, Buzawa, Faggiani, & Bentley, 2007). Greenwood et al. (2002) reported on a sample of 2,881 male cohabitants during the past 5 years and also found that there was a higher rate of violence than in cases of heterosexual relationships. According to Pattavina et al. it is clear from the few studies that investigate domestic violence in same-sex relationships is that the issue presents a significant problem for the gays and lesbian community. Furthermore Knauer (2001) reports that

gay and lesbian individuals are more likely to experience domestic abuse at the hands of their partners than to be exposed to antigay violence perpetrated by strangers. Turrell (2000) found similar rates of physical violence for lesbians, with rates varying from 8% to 60% and from 11% to 44% for gay men. Turrell (2000) did his own study of lifetime percentages for 499 gay, lesbian, and bisexual respondents living in the Houston area, the current physical violence was reported in 9% and past physical violence was indicated in 32% of relationships.

The most recent report by the NCAVP composed of data from 11 regions across the United States, and domestic violence seemed to occur at the rate of 2 in 5 gay and bisexual men (NCAVP, 2003). What is alarming is that the number of reported cases of same-sex domestic violence seems to have increased each year (Pattavina, Hirschel, Buzawa, Faggaiani, & Bentley, 2007). A survey that was published in 1998 indicated a 41% increase nationwide from the previous year, however in San Francisco there was a 67% increase in reported cases (Knauer, 2001). The NCVAP conducted a survey using data from 2002, and found that during that year 5092 cases of lesbian, gay, bisexual, and transgender domestic violence were reported (NCAVP, 2003). According to Lilith (2001), this figure has the potential to be much higher given the geographical range that remains unaccounted for within the survey sample. The reason for this variation in victim reporting and criminal justice response to same-sex violence could be because of a number of factors that reflect possible cultural, legal, and institutional biases.

There are a number of issues in regards to intimate partner violence/domestic violence in same-sex relationships. There are different types of abuse, but some are similar opposite-sex relationships. In addition, there are different ways that the abuse may occur. However, the most prevalent issues are the barriers to seeking to help, and the criminal justice response. These issues need to be addressed so that same-sex couples are receiving adequate assistance. The lack of

knowledge and support is something that needs to be changed immediately, so that those in the LGBTQ community do not continue to be victims of intimate partner violence/domestic violence.

Section 3: Theoretical Framework

The following information is the theoretical framework of same-sex relationships which is specific to the LGBTQ population. The information provided addresses theories associated with same-sex relationships and intimate partner violence/domestic violence. The first section will provide information about the cycle of violence theory and the application the cycle of violence theory. The second section will provide information on the Power and Control Wheel and the application of the power and control wheel.

Cycle of Violence Theory

According to Hidalgo (2011), considerable advances in how feminist researchers and practitioners defined intimate partner violence came from research of psychologist Lenore Walker. Walker's early work had consisted of 1500 interviews with heterosexual female victims of intimate partner violence, fleshed out two notable mechanisms at play that characterizes patterns of interpersonal abuse (Hidalgo, 2011). Walker's most notable contribution is the *Cycle of Violence*, which refers to the gradual and insidious onset of a tripartite pattern of partner abuse (Hidalgo, 2011). The cyclical pattern of the cycle of violence theory has also been confirmed to exist among gay males and lesbians couples (Island & Letllier, 1991; Renzetti, 1992).

According to McClennen, Summers, and Vaughan (2002), a number of researchers have argued that abuse in same-sex relationships follows a similar pattern to abuse in opposite-sex relationships. The cycle of abuse is both similar and different between same-sex and opposite-sex relationships; they are similar in abuse because it occurs in a cyclical pattern with the honeymoon period following a violent or manipulative episode (Elliot, 1996). One of the major differences is the myth of mutual abuse; this type of myth only prevents gays and lesbians from

seeking needed services (Elliot, 1996). With the term “mutual abuse” it holds both parties responsible for the abuse cycle.

According to Wallace and Roberson (2011), the cycle of violence theory sets forth the dynamics of battering in intimate partner abuse. This theory has three distinct phases: the tension-building phases; the explosion phase or acute battering phase; and the calm, loving respite phase. Thought, these phases can vary in length intensity, depending on the relationship (Wallace & Roberson, 2011). In the tension-building phase the tension increases in the relationship, at which the batterer may engage in minor battering. The victim stays out of the way during this phase. At times the victim may rationalize that perhaps they are at fault and deserves the abuse, but accepting the batters logic on their own (Wallace & Roberson, 2011).

The next phase is the explosion or acute battering phase and during this phase the abuser losses control and engage in minor incidents of assaultive behavior. According to Wallace and Roberson (2011), the intense, violent aggression is what distinguishes this phase from the minor or occasional battering that takes place in the first phase. In the last phase which is the calm loving respite phase is characterized by contrite loving acts on the part of the abuser. During this phase the batterer may realize that they have gone too far during the previous phase and will beg for forgiveness and promise to never let it happen again (Wallace and Roberson, 2011). These behaviors will repeat themselves over and over again.

Application of the cycle of violence theory.

According to Hidalgo (2011) the cycle of violence is often considered insidious by nature due to that stealthy, gradual and steady increase by which violence emerges and begins to characterize a relationship. As a result an individual that experiences intimate partner violence may not be aware of the pattern until the partner threatens his/her life. According to Hidalgo

(2011), the second notable contribution applied the psychological construction of the *learned helplessness* to understand the susceptibility of an individual to fall prey to a cycle of abuse and violence. Walker's application of learned helplessness battered "women" may initially seek help, but as attempts of help-seeking are thwarted and prove unsuccessful, these women eventually stop seeking help and resign abuse (Hidalgo, 2011).

Walker specifically noted beginning, in the honeymoon, the cycle of violence is first introduced into a relationship by an individual who uses abuse (Hidalgo, 2011). According to Hidalgo (2011), this is accomplished through a series of "grooming" behaviors geared toward the individual who is the target of abuse. These acts of grooming often involve professions of love as well as verbal and nonverbal exchanges of devotion and interdependence (Hidalgo, 2011). According to Hidalgo (2011), in this blissful context, the first incidents of violence are then viewed as exceptions, or outright denied by both individuals; and as the relationships. Hidalgo also states that as the relationship continues, subsequent entries in the honeymoon phase, which typically follows an incident of violence, prompt sense of confusion on the part of the targeted partner and minimize his/her appraisal of how severely violent the relationship may be. It is also noted by Walker that with gradual increase in severity and frequency of violent acts, the individual who experiences abuse often becomes desensitized to the violence in the relationship.

Power and Control Wheel

The Power and Control Wheel was originally designed as a starting point to provoke discussion and encourage critical thinking about white, middle class heterosexual relationship violence. Traditional theories that relates to domestic violence do not use a framework—besides sexism and patriarch—centered on oppression (Chicago Metropolitan Battered Women's Network LGBT Issues Committee, 2010). According to the report "Raising Our Voices: Queer

Asian Women's Response to Relationship Violence," the "failure to use a larger framework of interrelated oppressions of sexism, racism, homophobia, and anti-immigrant sentiments leaves women feeling like the domestic violence movement does not understand their experience of oppression or domestic violence (Chicago Metropolitan Battered Women's Network LGBT Issues Committee, 2010).

In addition, the Power and Control Wheel perpetuates a victim/perpetrator and male/female dichotomy (passive/active; innocent/evil; guilty/innocent) and gendered (male/female) assumptions. According to Chicago Metropolitan Battered Women's Network LGBT Issues Committee (2010) assessing for domestic violence has become increasingly difficult as service providers attempt to create an accurate assessment based on complicated relationship dynamics and relationship histories to ensure that a self-identified survivor has never used violence. In the end, these assessments maintain narrow definitions of both the victim and perpetrator (Chicago Metropolitan Battered Women's Network LGBT Issues Committee, 2010).

The staff at the Domestic Abuse Intervention Project (DAIP) began developing curricula for groups for men who batter and the victims of domestic violence in 1984 (Domestic Violence Intervention Programs, 2011). According to Domestic Violence Intervention Programs (2011) they wanted a way to describe battering for victims, offenders, practitioners in the criminal justice system and the general public. Over several months, they convened focus groups of women who had been battered and they listened to heart-wrenching stories of violence, terror and survival. After listening to these stories and asking questions, they documented the most common abusive behaviors or tactics that were used against these women. The tactics that were chosen for the wheel were those that were most universally experienced by the battered women (Domestic Violence Intervention Programs, 2011).

According to Ristock (1994), service providers should consider the following questions when using the Power and Control Wheel; What does a traditional “survivor” look like?; Must LGBTQI individuals who have experienced relationship violence fit the template of “survivor” to access services?; Does the widespread use of the Wheel as a universal model lead to exclusionary services when LGBTQI relationships do not fit the victim-perpetrator binary?; Does the Wheel provide a space for “survivors” who have been abusive themselves or have experienced shifts in power dynamics that do not fit the diagram’s limited view of power?

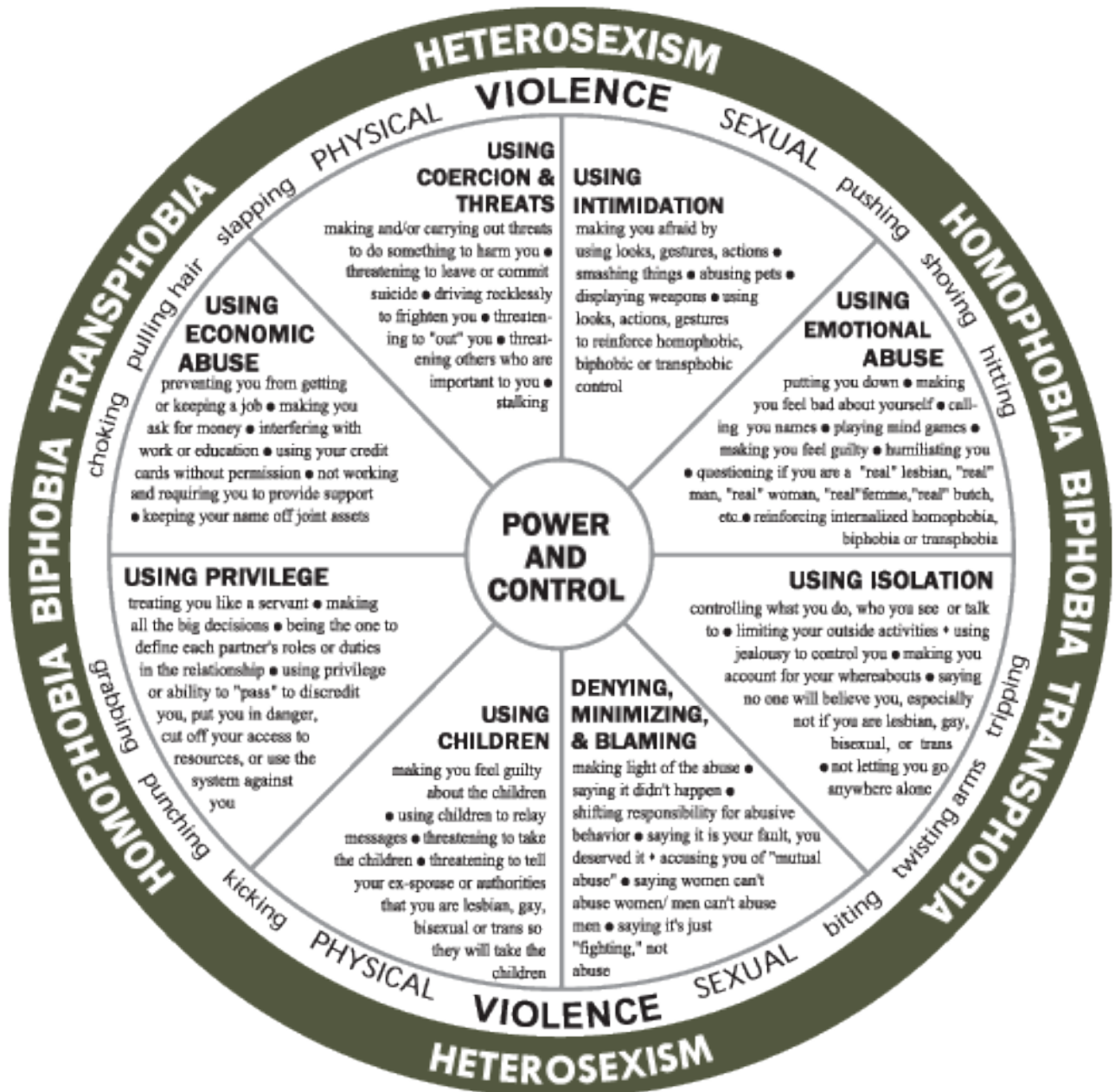
Application of the Power and Control Wheel

Abusers tend to believe that they have a right to control their partners in abusive relationships by utilizing tactics that are found in Figure 1, the power and control wheel. As seen in Figure 1 there is one tactic in the power and control wheel where the perpetrators use coercion and threats. Examples of the use of coercion and threats is making and/or carrying out threats to do something to harm their partner, threatening to leave or commit suicide, driving recklessly to frighten their partner, threatening to “out” their partner, threatening to others who are important to their partner, and stalking (Chicago Metropolitan Battered Women’s Network LGBT Issues Committee, 2010). A second tactic seen in Figure 1 the perpetrator may use intimidation. The use of intimidation is by making their partner afraid by using looks, gestures, actions, smashing things, abusing pets, and displaying weapons (Chicago Metropolitan Battered Women’s Network LGBT Issues Committee, 2010). The use of these looks, actions, gestures, is to reinforce homophobic, biphobic or transphobic control. A third tactic that is also displayed in Figure 1 is the use of emotional abuse and this can entail putting their partner down, making them feel bad about themselves, calling them names, playing mind games, making their partner feel guilty, humiliating them, questioning if their partner is a “real” lesbian, “real” man, “real” women,

“real” femme, “real” butch etc. With this tactic this rein enforces internalized homophobia, biphobia, or transphobia (Chicago Metropolitan Battered Women’s Network LGBT Issues Committee, 2010). A fourth tactic that is also displayed in Figure 1 is using isolation. This is used by controlling what their partner does, who they see, who they talk to, limiting their outside activities, using jealousy to control them, making sure that they account for their whereabouts, saying no one will believe them, especially not if they are lesbian, gay, bisexual, or trans, and not letting their partner go anywhere alone (Chicago Metropolitan Battered Women’s Network LGBT Issues Committee, 2010). A fifth tactic displayed in Figure 1 that may be used is denying, minimizing, and blaming. This is used by making light of the abuse, saying it didn’t happen, shifting responsibility for abusive behavior, saying it is your fault and you deserved it, accusing you of “mutual abuse”, as well as saying women can’t abuse women/men can’t abuse men, and saying it’s just “fighting,” not abuse (Chicago Metropolitan Battered Women’s Network LGBT Issues Committee, 2010). A sixth tactic seen in Figure 1 is using the children, when a perpetrator uses the children they can make their partner feel guilty about the children, use the children to relay messages, threatening to take the children, threatening to tell their ex-spouse or authorities that they are lesbian, gay, bisexual or trans so they will take the children (Chicago Metropolitan Battered Women’s Network LGBT Issues Committee, 2010). A seventh tactic displayed in Figure 1 that may be used is using privilege such as treating their spouse as a servant, making all the big decisions, being the one to define each partner’s roles or duties in the relationship, using privilege or ability to “pass” to discredit them, put their partner in danger, cut off their partners access to resources, or use the system against them (Chicago Metropolitan Battered Women’s Network LGBT Issues Committee, 2010). The final tactic seen in Figure 1 of the power and control wheel is using economic abuse; this is used by preventing their partner from getting a or

keeping a job, making their partner ask for money, interfering with work or education, using their partner credit cards without permission, not working and requiring you to provide support, and keeping their partners name off of joint assets (Chicago Metropolitan Battered Women's Network LGBT Issues Committee, 2010).

Figure 1 Power and Control Wheel by Caring Unlimited (2013)



The theories that apply to same-sex intimate partner violence/domestic violence explain reasons why many victims and survivors do not leave their abuser, and do not seek help. There are several variables to consider when looking at the aspects of intimate partner violence/domestic violence; as well as a lot of unanswered questions. These two theories listed in this section provide some insight of what is really going on in same-sex relationships with intimate partner violence/domestic violence. These theories in this section gives insight on what typically goes on same-sex intimate partner violence/domestic violence which is very vital to providing support for those who are in need.

Section 4: Programs Geared Toward Same-Sex Intimate Partner Violence

This section provides information about programs geared toward same-sex intimate partner violence. The first section provides information about programming. The second section provides information about the Buckeye Region Anti-Violence Organization (BRAVO). The third section provides information about The New York City Anti-Violence Project.

Programming

Currently, the programming and assistance that is provided specifically to survivors of same-sex intimate partner violence is limited; the services that are offered by many domestic violence and sexual assault agencies are lacking in both sensitivity and adequate advocate training regarding survivors of same-sex intimate partner violence (Hassouneh & Glass, 2008; Simpson & Helfrich, 2005). In order to provide LGBTQ affirmative services, organizations working with survivors of intimate partner violence must establish themselves as comprehensive and diverse agencies, advertise, provide culturally specific information on LGBTQ issues and resources, and train their advocates properly regarding same-sex intimate partner violence (Duke & Davidson, 2009).

Most domestic violence programs formed an analysis of partner abuse based exclusively on straight cisgender women's experiences. According to The NetworklaRed (2010) while male violence against women, sexism, male supremacy, ect. are a worldwide problem with multiple manifestations, "male violence against women" and domestic violence and sexual assault" are not interchangeable terms. With that being, using them as such, the domestic violence movement has, whether intentionally or not, overlooked LGBTQ partner abuse and sexual assault. The resulting lack of LGBTQ-specific outreach strategies, materials, and services have only further silenced LGBTQ survivors (The NetworklaRed, 2010).

In addition, despite the prevalence of LGBTQ partner abuse, there are only a handful of programs in the country specific to serving LGBTQ survivors (The NetworklaRed, 2010). There is the need for more inclusive services for LGBTQ survivors especially in terms of shelters and housing. According to the *Shelter/Housing Needs for Gay, Lesbian, Bisexual, and Transgender (GLBT) Victims of Domestic Violence*, there is an overwhelming number of GLBT victims (57%) that become homeless due to the abuse, and a large number (18%) reporting that they lose everything (The GLBT Domestic Violence Coalition and Jane Doe, Inc., 2005). This same report explains that, there are significant gaps in the critical continuum of services for GLBT victims, which includes adequate shelter (The GLBT Domestic Violence Coalition and Jane Doe, Inc., 2005). Furthermore, LGBTQ survivors also need support groups, hotlines, and one-on-one support where they can talk about the abuse while feeling safe enough to be open about their sexuality and/or gender identity (The NetworklaRed, 2010). Creating a safe place for LGBTQ survivors to address abuse, programs can eliminate existing gaps in service and fill the unmet needs of LGBTQ survivors (The NetworklaRed, 2010). The examples provided below provide safe places for LGBTQ survivors of abuse.

Buckeye Region Anti-Violence Organization (BRAVO)

The Buckeye Region Anti-Violence Organization (BRAVO) works to eliminate violence perpetrated on the basis of sexual orientation and/or gender identification, domestic violence, and sexual assault through prevention, education, advocacy, violence documentation, and survivor services; both within and on behalf of the lesbian, gay, bisexual, and transgender communities (NCAVP, 2012). BRAVO's services include anonymous, confidential crisis support and information via a helpline with trained staff and volunteers, as well as documentation of hate crimes and intimate partner violence, hospital and legal advocacy (NCAVP, 2012). BRAVO also

uses public education to increase awareness of hate crimes and LGBTQ intimate partner violence to increase knowledge about their support services available. Their services also include the education of public safety workers and service and health care providers to increase their competency to serve LGBTQ victims (NCAVP, 2012).

BRAVO is committed to the belief that the best way to reduce violence is to foster acceptance (NCAVP, 2012). This involves making people and institutions aware of these issues and “demystifying” LGBTQ people and the issues that LGBTQ community face. This way BRAVO can assure quality services to victims and ultimately reduce the incidence of violence (NCAVP, 2012). According to NCAVP (2012), BRAVO had received 30 reports of Intimate Partner Violence (IPV) in 2011, which is a 63% increase from the previous year. The increase in reports for 2011 could demonstrate the increase of reporting as reflected in previous years (NCAVP, 2012). The NCAVP (2012) says that the increased reporting may also be attributed to BRAVO subcontracting with the Legal Advocacy for Victims (LAV) grant from the Ohio Domestic Violence Network (ODVN). This grant has allowed BRAVO to hire a dedicated IPV/SA part-time legal advocate, increase statewide outreach and services for LGBTQI survivors, and provide LGBTQI specific trainings for victim advocates and attorneys throughout the state (NCAVP, 2012). There were 27% of callers that were non-transgender men (8 total callers) and 73% were non-transgender women (21 callers). One survivor identified as a transgender woman. In the year 2011 BRAVO saw a 27% decrease in men reporting (11 in 2010 to 8 in 2011) and a 175% increase by women (8 in 2010 to 22 in 2011). According to the NCAVP (2012) the previous years have shown a much more equitable reporting rate between men and women, with men reporting slightly higher rates of IPV the past three years.

According to the NCAVP (2012), in 2011, of those reporting, 23% identified as gay men (7) and 57% as lesbians (17). There were 17% of survivors were heterosexual women (17), with one bisexual male survivor reporting (3%) (NCAVP, 2012). In addition, there were 47% of survivors that interacted with the police (14 survivors) (NCAVP, 2012). According to NCAVP (2012) 50% of those reported courteous behavior (7 survivors), and 21% reported indifferent or hostile attitudes by the police (3 survivors). “In 2011, BRAVO had no reports of law enforcement arresting the survivor” (NCAVP, 2012, p.60). According to the NCAVP (2012), as BRAVO continues to provide outreach, training, and incident response to law enforcement agencies statewide they are encouraged that these statistics show an increasing positive trend toward better response and improved attitudes by law enforcement working with LGBTQ survivors of IPV in Ohio.

In addition, BRAVO has seen continued success with the statewide LGBTQI Domestic Violence and Sexual Assault Task Force (NCAVP, 2012). The Task Force consists of a multidisciplinary group of direct service providers, community-based agencies, advocates, educators, policy makers, funders, and their allies who are working on behalf of Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI) communities affected by domestic violence and sexual assault (NCAVP, 2012). The Task Force’s mission is to raise awareness of and improve response to domestic violence and sexual assault that impacts LGBTQI communities throughout the state (NCAVP, 2012). Furthermore, the Task Force seeks to support service providers, advocates, policy makers and others by providing education and advocacy, fostering collaboration, and identifying and working towards needed systems change for the LGBTQI communities (NCAVP, 2012).

According to NCAVP (2012), in 2011, the Task Force launched a statewide “Safe Zone” training for domestic and sexual violence programs. This “Safe Zone” training was an initiative to increase safety and resources for survivors of domestic violence, sexual assault, and stalking in the Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex communities (NCAVP, 2012). The participants in this project learned about LGBTQI communities and how to integrate policies and procedures that will ensure safety to survivors (NCAVP, 2012).

The New York City Anti-Violence Project (AVP)

According to the NCAVP (2012) The New York City Anti-Violence Project (AVP) envisions a world in which all lesbian, gay, bisexual, transgender, queer, and HIV-affected (LGBTQH) people are safe, respected, and lives free from violence. The AVP’s mission is to empower LGBTQH communities and allies to end all forms of violence through organizing and education, and support survivors through counseling and advocacy (NCAVP, 2012). AVP was founded in 1980, and today they currently provide free and confidential assistance to thousands of LGBTQH people each year from all five boroughs of New York City. This is through direct client services and community organizing as well as public advocacy. According to NCAVP (2012), in 2010-2011, the AVP was named a White House Champion of Change for our work on intimate partner violence (IPV) within LGBTQH communities. AVP has developed a range of community-based approaches that reach people at the intersections of communities defined by geography and by identity. Currently AVP is conducting on-site intake in 8 locations across NYC, in addition to our central office in Manhattan (NCAVP, 2012). The sites include two of the NY Family Justice Centers, local pride centers, LGBTQH youth programs, community health clinics, multi-service and legal service organizations serving LGBTQH, and harm reduction organizations serving those who use substances.

According to NCAVP (2012), part of this community-based programming focused specifically on reaching TGNC people of color, who are disproportionately impacted by violence, as demonstrated in this year's NCAVP report. In 2011 AVP has successfully engaged more LGBTQH survivors from across all five boroughs of New York City (NYC), and in engaged more marginalized LGBTQH communities, this includes survivors who identify as transgender and gender non-conforming (TGNC) people, people of color, and immigrants (NCAVP, 2012). In addition, AVP has seen an increase of 24% in the numbers of survivors of IPV reporting to and seeking services from AVP in 2011 as compared to 2010 (from 439 to 546) (NCAVP, 2012). According to NCAVP (2012), AVP reported two murders related to IPV in 2011, Camila Guzman, a transgender Latina woman murdered by her boyfriend in her apartment, and Carlos Castro, a gay rights activist in Portugal, who was killed by his boyfriend on a trip to NYC. These murders display the tragic and deadly consequences IPV has for LGBTQH communities (NCAVP, 2012).

In response to the increase in reports of LGBTQH intimate partner violence and its deadly consequences, the AVP has continued to increase the awareness and continues to build the power of the community members to address this violence, through survivor leadership and community education programs (NCAVP, 2012). In August, AVP organized a vigil in memory of Camila Guzman, with the coordination and support of Guzman's close friends and family. AVP also debuted their Real Talks discussion series, which is a series of IPV survivor-led community events created to build survivor-led LGBTQH IPV community organizing campaigns (NCAVP, 2012). Moving forward, the AVP will continue to track local incidents of LGBTQH intimate partner violence, responding through outreach and trainings in affected communities, as well as citywide communications (NCAVP, 2012).

Section 5: Conclusion/Recommendations

Same-sex intimate partner abuse/domestic violence are issues that are just as prevalent as opposite-sex intimate partner abuse/domestic violence; but there is very limited information on this topic. Traditional couples have access to help from the criminal justice system, the judiciary systems, programs, shelters amongst other outlets that are provided; yet this is not reciprocated, or very limited to those in same-sex relationships. This leads to the victims being reluctant to report the crime, or seeking help; therefore, we do not know the totality of the circumstances. Further abuse in same-sex relationships can lead to emotional stress, and other adverse effects, and even fatalities. There are several anxieties that come to people in same-sex relationships such the loss of their job, loss of support from family and friends, discovery, and other prevalent factors can affected them as well.

This seminar paper has identified issues with the responds to same-sex intimate partner abuse/ domestic violence. There is strong need for education, laws, and support within the United States. After learning about same-sex intimate partner abuse and the barriers to seeking help, I would hope that this seminar paper brings awareness and understanding to this issue. It is important that everyone gets a complete understanding of this topic because this issue can possibility effect someone that they may know. There are a lot of myths and misconceptions about same-sex intimate partner abuse/domestic violence, but through rigorous research and awareness of this issue there are a considerable amount of changes that can be made. There is no easy solution to this problem, but noted below are recommendations to be considered.

Recommendations

According to Ristock, and Timbang (2005) providing services to people in the LGBTQT community that have experienced relationship violence first requires, at minimum, the

development of cultural competency. Organizations need to ensure that they can offer ongoing anti-oppression training that acknowledges same-sex relationships, as well as sexual and gender diversity. There are clear policies that need to be in place for addressing homophobia, transphobia, biphobia, harassment and discrimination for the clients, staff, and volunteers (Ristock, & Timbang, 2005). Non-heterosexist, LGBTQ-inclusive language should also be in place in all communication and advertising materials so that the LGBTQ community knows that they are welcome to receive supportive services (Renzetti, 2001; ACON, 2004). According to Ristock, and Timbang, (2005) the criminal justice system in particular must be willing to understand the larger context of why the LGBTQ community has been reluctant to turn to the police or courts for support. This includes critically examining the assumptions, barriers and gaps that exist in current policies and practices (Ristock, & Timbang, 2005). Since the cycle of abuse follows the same cyclical patterns as opposite-sex relationships, there is a need to recognize this and provide the same support to those in same-sex relationships.

Another recommendation would include providing a flexible range of programs, services, and community responses which is perhaps what is most needed to respond to LGBTQ relationship violence. This includes information on legal options, counseling, accommodation, programs for survivors, programs for perpetrators, outreach efforts to the LGBTQ communities, friends and families as well as preventive efforts such as workshops on building healthy relationships (Ristock, 2002; Patterson, 2004). This is very important because service providers can really help those who have dealt with issues that are included in the power and control wheel. According to Ristock, and Timbang, (2005) where one service is unable to offer all things we can build co-coordinated efforts between programs and services and establish referral networks to better assist LGBTQ people in making connections with other services and

resources. “For example, LGBTQ services, HIV/AIDS services, addiction programs, women's shelters and anti-violence services, agencies that serve the needs of specific ethno-cultural groups, health care services, legal aid programs, etc. can be part of any organization's referral list” (Ristock, & Timbang, 2005, p.1). In addition, it may be necessary for organizations to play an advocacy role and establish reliable contacts (such as police and lawyers) within institutionalized systems that have a history of inherent racism and classism and to prepare LGBTQ people for this (Ristock, & Timbang 2005).

Adopt LGBT-Inclusive standards of service

There is a need for collaborations that include sharing expertise and resources may be the most creative way to develop effective intervention and prevention strategies (Hamberger, 1994; ACON, 2004). Organizations can join or start a coalition or network of service providers to discuss these issues, share dilemmas and insights to develop innovative programs and approaches (Ristock, & Timbang, 2005). In order to ensure that these recommendations for improving services are not just an add-on gesture, all service providers need to be willing to ask themselves a set of critically reflexive questions that particularly pertain to the LGBTQ community (Ristock, & Timbang, 2005). Implementing the questions that were provided in the power and control section will set a platform for service providers to answer the question appropriate and provide the proper support. There is also a need to reflect on and challenge the dominant and normative assumptions that often operate in organizations and in individuals and that work against responding effectively to LGBTQ relationship violence (Ristock, & Timbang, 2005).

According to the Fountain and Skolnik, (2007) they say that domestic violence agencies and organizations who are implicitly or explicitly focused on serving heterosexual women only

need to expand their understanding of the complexity of domestic violence so that they do not re-victimize LGBT survivors coming to them for help, or miss the opportunity to provide services to an entire category of survivors. Without this, there will be a continuance of discrimination in shelters and outreach to our communities. Agencies that are responsible for funding, licensing, regulating or certifying domestic violence services should create and enforce general service standards that detail appropriate responses to lesbian and bisexual women and especially to gay men and transgender people who present with domestic violence-related concerns (Fountain & Skolnik, 2007).

Enact LGBT Inclusive discrimination legislation with plans of implantation and enforcement

It is very essential that there are non-discrimination laws governing housing, public accommodations, social services, criminal/legal systems, etc., that include provisions relating to sexual orientation and gender identity and expression (Fountain & Skolnik, 2007). These laws, however, will have little more than symbolic value unless legislation also includes plans for implementation and enforcement. According to the Fountain and Skolnik, (2007), the police, medical personnel, shelters, landlords, and other people who hold institutional power over members of our communities do not cease discriminating when laws are passed. In addition, people experiencing discrimination based on any category have little recourse, unless they can afford an attorney and have time to research their options (Fountain & Skolnik, 2007). Access to anti-discrimination protections for only middle class or wealthy people defies the spirit in which such legislation was enacted in the first place.

Utilize training resources offered by LGBTQ groups

Although LGBTQ people are affected by domestic violence in many of the same ways as other individuals, some aspects of the violence many experience are specific to their LGBTQ identities (Fountain & Skolnik, 2007). According to the Fountain and Skolnik, (2007), all those that are working to fight domestic violence, ranging from police officers, courtroom personnel, and general domestic violence service practitioners, need to understand these issues in order to provide the most appropriate response. Training programs are a highly effective way to foster this broader awareness. Throughout many areas of the country, LGBTQ community-based anti-violence organizations will gladly offer training and other technical assistance to help general domestic violence service providers learn about and better respond to the needs of LGBTQ individuals (Fountain & Skolnik, 2007).

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